

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number _____		Filing Date _____	
							Applicant(s) <u>J. H. Liu & B. Z. Jang</u>			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	X									
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Total Indep	3									
Total Depend	26									
Total Claims	29									

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CLAIMS ONLY

SERIAL NO.

09829548

FILING DATE

04-10-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	26	←		←		←
TOTAL CLAIMS	29					

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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS